

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

 PAGE 1 OF 8
 FOR SE OF FORM 24/48

| | | | |
|---|--|--|--|
| NAME OF COMMITTEE (In Full) Workers' Voice | | FEC IDENTIFICATION NUMBER ▼ C C00484287 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on <div style="display: inline-block; text-align: center; margin: 0 10px;"> M M M / D D D / Y Y Y Y Y Y 09 / 30 / 2014 </div> | |

| | | | |
|---|--------------------|--|---|
| Full Name of Payee Voices of the American Federation of Government Employees | | Date of Public Distribution/Dissemination <div style="display: inline-block; text-align: center; margin: 0 10px;"> M M M / D D D / Y Y Y Y Y Y 09 / 28 / 2014 </div> | |
| Mailing Address 80 F Street, NW | | Amount <div style="display: inline-block; text-align: center; margin: 0 10px;"> 0.90 </div> | |
| City Washington | State DC | Zip Code 20001 | Transaction ID : D542502 |
| Purpose of Expenditure Inkind Staff Travel | | Category/Type 002 | Date of Disbursement or Obligation <div style="display: inline-block; text-align: center; margin: 0 10px;"> M M M / D D D / Y Y Y Y Y Y 09 / 28 / 2014 </div> |
| Name of Federal Candidate CORY GARDNER | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input checked="" type="checkbox"/> State: CO | |
| Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; text-align: center; margin: 0 10px;"> 17670.98 </div> | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | | | |
|---|--------------------|--|---|
| Full Name of Payee Voices of the American Federation of Government Employees | | Date of Public Distribution/Dissemination <div style="display: inline-block; text-align: center; margin: 0 10px;"> M M M / D D D / Y Y Y Y Y Y 09 / 28 / 2014 </div> | |
| Mailing Address 80 F Street, NW | | Amount <div style="display: inline-block; text-align: center; margin: 0 10px;"> 65.40 </div> | |
| City Washington | State DC | Zip Code 20001 | Transaction ID : D542503 |
| Purpose of Expenditure Inkind Staff Travel | | Category/Type 002 | Date of Disbursement or Obligation <div style="display: inline-block; text-align: center; margin: 0 10px;"> M M M / D D D / Y Y Y Y Y Y 09 / 28 / 2014 </div> |
| Name of Federal Candidate ALISON LUNDERGAN GRIMES | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input checked="" type="checkbox"/> State: KY | |
| Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; text-align: center; margin: 0 10px;"> 44052.72 </div> | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|--|---|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="display: inline-block; text-align: center; margin: 0 10px;"> 66.30 </div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="display: inline-block; text-align: center; margin: 0 10px;"> 0.00 </div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="display: inline-block; text-align: center; margin: 0 10px;"> 66.30 </div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

[Electronically Filed]

Date

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 10 / 17 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 2 OF 8
FOR SE OF FORM 24/48

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| NAME OF COMMITTEE (In Full) Workers' Voice | | FEC IDENTIFICATION NUMBER ▼ C C00484287 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input type="checkbox"/> New report | <input checked="" type="checkbox"/> Amends report filed on |
| | | MM / DD / YYYY | MM / DD / YYYY |
| | | 09 / 30 / 2014 | |

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|--|-----------------------|---|---|
| Full Name of Payee Voices of the American Federation of Government Employees | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 28 / 2014 | |
| Mailing Address 80 F Street, NW | | Amount 65.40 | |
| City Washington | State DC | Zip Code 20001 | Transaction ID : D542511 |
| Purpose of Expenditure Inkind Staff Travel | Category/ Type 002 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 28 / 2014 | |
| Name of Federal Candidate MITCH MCCONNELL | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KY |
| Calendar Year-To-Date Per Election for Office Sought 44052.72 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

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| Full Name of Payee Voices of the American Federation of Government Employees | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 28 / 2014 | |
| Mailing Address 80 F Street, NW | | Amount 94.70 | |
| City Washington | State DC | Zip Code 20001 | Transaction ID : D542512 |
| Purpose of Expenditure Inkind Staff Travel | Category/ Type 002 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 28 / 2014 | |
| Name of Federal Candidate MARK E UDALL | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: CO |
| Calendar Year-To-Date Per Election for Office Sought 17670.98 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|---|--------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 160.10 |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 3 OF 8
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|---|--|---|--|
| NAME OF COMMITTEE (In Full) Workers' Voice | | FEC IDENTIFICATION NUMBER ▼ C C00484287 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input type="checkbox"/> New report | <input checked="" type="checkbox"/> Amends report filed on |
| | | M M / D D / Y Y Y Y Y Y 09 / 30 / 2014 | |

| | | | |
|--|-----------------------|---|---|
| Full Name of Payee AFL-CIO | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 28 / 2014 | |
| Mailing Address 815 - 16th Street, NW | | Amount 2.39 | |
| City Washington | State DC | Zip Code 20006 | Transaction ID : D542700 |
| Purpose of Expenditure Walk Packets | Category/ Type 004 | Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 28 / 2014 | |
| Name of Federal Candidate MARK E UDALL | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: CO |
| Calendar Year-To-Date Per Election for Office Sought 17670.98 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | | | |
|--|-----------------------|---|---|
| Full Name of Payee AFL-CIO | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 28 / 2014 | |
| Mailing Address 815 - 16th Street, NW | | Amount 0.90 | |
| City Washington | State DC | Zip Code 20006 | Transaction ID : D542709 |
| Purpose of Expenditure Walk Packets | Category/ Type 004 | Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 28 / 2014 | |
| Name of Federal Candidate TERRI LYNN LAND | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI |
| Calendar Year-To-Date Per Election for Office Sought 40748.89 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|--|------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 3.29 |
| (b) SUBTOTAL of Unitemized Independent Expenditures▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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Date

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| NAME OF COMMITTEE (In Full) Workers' Voice | | FEC IDENTIFICATION NUMBER ▼ C C00484287 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on MM / DD / YYYY 09 / 30 / 2014 | |

| | | | |
|--|-----------------------|---|---|
| Full Name of Payee AFL-CIO | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 28 / 2014 | |
| Mailing Address 815 - 16th Street, NW | | Amount 0.90 | |
| City Washington | State DC | Zip Code 20006 | Transaction ID : D542716 |
| Purpose of Expenditure Walk Packets | Category/ Type 004 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 28 / 2014 | |
| Name of Federal Candidate GARY PETERS | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI |
| Calendar Year-To-Date Per Election for Office Sought 40748.89 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

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|--|-----------------------|---|---|
| Full Name of Payee Colorado AFL-CIO L2K | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 28 / 2014 | |
| Mailing Address 140 Sheridan Blvd | | Amount 326.79 | |
| City Denver | State CO | Zip Code 80226 | Transaction ID : D542734 |
| Purpose of Expenditure InKind Staff | Category/ Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 28 / 2014 | |
| Name of Federal Candidate MARK E UDALL | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: CO |
| Calendar Year-To-Date Per Election for Office Sought 17670.98 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|--|--------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 327.69 |
| (b) SUBTOTAL of Unitemized Independent Expenditures▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
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| NAME OF COMMITTEE (In Full) Workers' Voice | | FEC IDENTIFICATION NUMBER ▼ C C00484287 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input type="checkbox"/> New report | <input checked="" type="checkbox"/> Amends report filed on |
| | | MM / DD / YYYY | MM / DD / YYYY |
| | | 09 / 30 / 2014 | |

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|---|-----------------------|---|---|
| Full Name of Payee AFSCME for Michigan | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 28 / 2014 | |
| Mailing Address 1625 L Street, NW | | Amount 66.29 | |
| City Washington | State DC | Zip Code 20036 | Transaction ID : D542748 |
| Purpose of Expenditure InKind Staff | Category/ Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 28 / 2014 | |
| Name of Federal Candidate GARY PETERS | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |
| | | 40748.89 | |

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|---|-----------------------|---|---|
| Full Name of Payee AFSCME for Michigan | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 28 / 2014 | |
| Mailing Address 1625 L Street, NW | | Amount 66.29 | |
| City Washington | State DC | Zip Code 20036 | Transaction ID : D542756 |
| Purpose of Expenditure InKind Staff | Category/ Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 28 / 2014 | |
| Name of Federal Candidate TERRI LYNN LAND | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |
| | | 40748.89 | |

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|--|--------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 132.58 |
| (b) SUBTOTAL of Unitemized Independent Expenditures▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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| NAME OF COMMITTEE (In Full) Workers' Voice | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div> |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY 09 / 30 / 2014</div> </div> | |

| | | | |
|--|---|--|--|
| Full Name of Payee AFSCME for Michigan | | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY 09 / 28 / 2014</div> | |
| Mailing Address 1625 L Street, NW | | Amount <div style="border: 1px solid black; padding: 2px;">164.57</div> | |
| City Washington | State DC | | |
| Purpose of Expenditure Inkind Staff Travel | Category/ Type <div style="border: 1px solid black; padding: 2px;">002</div> | Transaction ID : D542520 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY 09 / 28 / 2014</div> | |
| Name of Federal Candidate GARY PETERS | | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>MI</u> | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px;">40748.89</div> | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

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|--|---|--|--|
| Full Name of Payee AFSCME for Michigan | | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY 09 / 28 / 2014</div> | |
| Mailing Address 1625 L Street, NW | | Amount <div style="border: 1px solid black; padding: 2px;">152.79</div> | |
| City Washington | State DC | | |
| Purpose of Expenditure Inkind Staff Travel | Category/ Type <div style="border: 1px solid black; padding: 2px;">002</div> | Transaction ID : D542523 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY 09 / 28 / 2014</div> | |
| Name of Federal Candidate TERRI LYNN LAND | | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>MI</u> | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px;">40748.89</div> | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

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|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px;">317.36</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px;"> </div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px;"> </div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

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Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 7 OF 8
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| | | | |
|---|--|---|--|
| NAME OF COMMITTEE (In Full) Workers' Voice | | FEC IDENTIFICATION NUMBER ▼ C C00484287 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input type="checkbox"/> New report | <input checked="" type="checkbox"/> Amends report filed on |
| | | M M / D D / Y Y Y Y Y Y 09 / 30 / 2014 | |

| | | | |
|---|-----------------------------|---|---|
| Full Name of Payee USW Works | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 28 / 2014 | |
| Mailing Address FIVE GATEWAY CENTER | | Amount 193.37 | |
| City Pittsburgh | State PA | Zip Code 15222 | Transaction ID : D542483 |
| Purpose of Expenditure Inkind Staff Travel | Category/Type 002 | Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 28 / 2014 | |
| Name of Federal Candidate GARY PETERS | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI |
| Calendar Year-To-Date Per Election for Office Sought 40748.89 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

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| Full Name of Payee USW Works | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 28 / 2014 | |
| Mailing Address FIVE GATEWAY CENTER | | Amount 32.67 | |
| City Pittsburgh | State PA | Zip Code 15222 | Transaction ID : D542488 |
| Purpose of Expenditure Inkind Staff Travel | Category/Type 002 | Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 28 / 2014 | |
| Name of Federal Candidate TERRI LYNN LAND | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI |
| Calendar Year-To-Date Per Election for Office Sought 40748.89 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

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|---|--------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 226.04 |
| (b) SUBTOTAL of Unitemized Independent Expenditures▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

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(Schedule E)PAGE 8 OF 8
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| NAME OF COMMITTEE (In Full) Workers' Voice | | FEC IDENTIFICATION NUMBER ▼ C C00484287 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input type="checkbox"/> New report | <input checked="" type="checkbox"/> Amends report filed on |
| | | M M / D D / Y Y Y Y Y Y 09 / 30 / 2014 | |

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|---|-----------------------------|---|---------------------------------|
| Full Name of Payee USW Works | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 28 / 2014 | |
| Mailing Address FIVE GATEWAY CENTER | | Amount 342.05 | |
| City Pittsburgh | State PA | Zip Code 15222 | Transaction ID : D542491 |
| Purpose of Expenditure Inkind Staff Travel | Category/Type 002 | Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 28 / 2014 | |
| Name of Federal Candidate ALISON LUNDERGAN GRIMES | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>KY</u> | |
| Calendar Year-To-Date Per Election for Office Sought 44052.72 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

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| Full Name of Payee USW Works | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 28 / 2014 | |
| Mailing Address FIVE GATEWAY CENTER | | Amount 346.76 | |
| City Pittsburgh | State PA | Zip Code 15222 | Transaction ID : D542494 |
| Purpose of Expenditure Inkind Staff Travel | Category/Type 002 | Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 28 / 2014 | |
| Name of Federal Candidate MITCH MCCONNELL | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>KY</u> | |
| Calendar Year-To-Date Per Election for Office Sought 44052.72 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|--|---------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 688.81 |
| (b) SUBTOTAL of Unitemized Independent Expenditures▶ | |
| (c) TOTAL Independent Expenditures.....▶ | 1922.17 |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

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10 / 17 / 2014

Signature